

Review Form 1.6

Journal Name:	Asian Journal of Medicine and Health
Manuscript Number:	Ms_AJMAH_72436
Title of the Manuscript:	Breast Cancer In Thyroid Cancer Patients, can one lead to another?
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound. To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://peerreviewcentral.com/page/manuscript-withdrawal-policy>)

PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	Details like the treatment given for T1, B1 which may have a bearing on future possibility of B2 or T2 respectively are not given - like radiation therapy, dose, Radioiodine ablation etc. The incidence of thyroid cancer is higher in younger individuals and of Breast cancer in older individuals. So when a B1 is considered -possibility of T2 is minimal especially the Differentiated thyroid cancers. But in a T1 patient the age at index disease is younger -especially the differentiated ones, and possibility of B2 is as good as the local population and will occur in the fourth or fifth decade of life– which in your country is pretty high How did you consider this bias. The whole paper may be flawed if we assume B1 and T1 can occur in the same age group individuals	We acknowledge that certain missing data will give a better analysis, but the adjuvant treatment (Radioiodine ablation/radiation therapy) is done in a different centre from us, thus the information regarding the doses is not available to us. We have found that T1 patients are 9.4 times more likely to develop secondary cancer than B1. The T1 age group (60s) is 10 years older than the B1 age group (50s), and considering that breast cancers more often than not occur in older individuals, thus T1 individuals have a higher risk of developing secondary cancer. Whereas possibility of B1 developing a secondary cancer is minimal as the incidence of thyroid cancers, especially the differentiated ones, is higher in younger individuals. Therefore, age may have an influence on the relative risk.
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		

PART 2:

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Are there ethical issues in this manuscript?	(If yes, Kindly please write down the ethical issues here in details)	There is no ethical issue to be declared in this manuscript. Amendment has been made in the revised paper